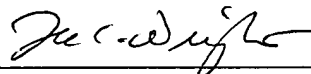


	After Amendment		Highest No. Previously Paid For				
All Claims	<u>26</u>	-	<u>22</u>	=	<u>4</u>	X	<u>\$18.00</u> = <u>\$72.00</u>
Independent	<u>4</u>	-	<u>4</u>	=	<u>0</u>	X	<u>\$84.00</u> = <u>\$.00</u>
TOTAL							= \$72.00

Excess Claim Fee Payment Letter
U.S. Application No. 09/295,329

A check for the statutory fee of \$72.00 is attached. Please charge any additional fee or credit any overpayment to our Deposit Account No. 19-4880. A duplicate copy of this letter is enclosed.

Respectfully submitted,



Lee C. Wright
Registration No. 41,441

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Washington, D.C. 20037-3213
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Facsimile: (202) 293-7860

Date: November 19, 2001